

CHAPTER DELEGATE FORM

This form is for the assignment of voting rights to a qualified delegate on behalf of a chapter. A qualified delegate is a financially active member of NBLSA and must be certified by the NBLSA Director of Membership. Active law school chapters shall send no more than **two** (2) delegates and **one** (1) alternate delegate to represent the chapter. Each chapter is responsible for ensuring that they are represented at the National and Regional Convention during Plenary.

To help facilitate the certification process, this form should be sent to the Director of Membership AND the appropriate Parliamentarian at least thirty (30) days prior to Plenary. Otherwise, chapters must request an extension. Your Director of Membership and Parliamentarian can be contacted at:

Position	Name	Email
Director of Membership	Willie Reynolds	membership@nblsa.org
NBLSA Parliamentarian	Simone Yhap	parliamentarian@nblsa.org
SRBLSA Parliamentarian	Michael Glover	srblsa.parliamentarian@nblsa.org
SWBLSA Director of Membership	Alyssa Gordon	swblsa.membership@nblsa.org
MABLSA Parliamentarian	Maya Earl-Bledsoe	mablsa.parliamentarian@nblsa.org
WRBLSA Director of Membership	Ashley Karlstad	wrblsa.membership@nblsa.org
NEBLSA Parliamentarian	Emmanuel Fils-Aime	neblsa.parliamentarian@nblsa.org
MWBLSA Parliamentarian	Ralph Durrett	mwblsa.parliamentarian@nblsa.org

This page is to be completed by the chapter president to certify their delegates.

CHAPTER: _____

CHAPTER PRESIDENT: _____

CHAPTER PRESIDENT'S EMAIL ADDRESS: _____

CHAPTER PRESIDENT'S PHONE NUMBER: _____

CHAPTER DELEGATE FORM

For the 2020–2021 _____ Convention of the National Black Law
[National or Appropriate Region]

Students Association, I hereby designate the following representative(s) as the
delegates for _____.
[Chapter Name]

NAME OF DELEGATE #1: _____
DELEGATE'S EMAIL ADDRESS: _____
DELEGATE'S PHONE NUMBER: _____

NAME OF DELEGATE #2: _____
DELEGATE'S EMAIL ADDRESS: _____
DELEGATE'S PHONE NUMBER: _____

NAME OF ALTERNATIVE DELEGATE: _____
DELEGATE'S EMAIL ADDRESS: _____
DELEGATE'S PHONE NUMBER: _____

***If certifying more than two delegates please submit the names, emails, and telephone numbers of all
delegates who will be attending Convention***

ARE YOU SERVING AS A PROXY FOR ANOTHER CHAPTER? ☐ YES ☐ NO

If yes, please disclose the assigning chapter here: _____

I hereby certify that I am the duly elected President/authorized representative of the

[Chapter Name]

Signature of Chapter President/Representative

Date